## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10011019-1

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                  |                               |                  |                  |            | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>OR SMALL ENTITY           |                        |
|--|--|---|------------------|-------------------------------|------------------|------------------|------------|---------------------|------------------------|----|---|------------------------|
| TOTAL CLAIMS   |  |   | 7                |                               |                  |                  | ſ          | RATE                | FEE                    |    | RATE                                    | FEE                    |
| FOR  |  |   | NUMBER FILED     |                               | NUMBER EXTRA     |                  |            | BASIC FEE           | 370.00                 | OR | BASIC FEE                               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 7 minus 20= '    |                               | · Ø              |                  |            | X\$ 9=              |                        | OR | X\$18=                                  |                        |
| INDEPENDENT CLAIMS   |  |   |                  |                               | *                |                  |            | X42=                |                        | OR | X84=                                    |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                                  | RESENT           | SENT                          |                  |                  | Ī          | +140=               | _                      | OR | +280=                                   |                        |
| * If the difference in column 1 is less than zero, enter "0  |  |   |                  |                               |                  | olumn 2          | L          | TOTAL               |                        | OR | TOTAL                                   | AUS.                   |
| CLAIMS AS AMENDED - PART II  |  |   |                  |                               |                  |                  | •          | •                   |                        | •  | OTHER                                   | THAN                   |
|  |  | (Column 1)                                    |                  | (Column 2) (Column 3)         |                  |                  |            | SMALL               | NTITY                  | OR | SMALL                                   | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     | ,                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY     | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | * <u>11</u>                                   | Minus            | * 2                           | O'               | =                |            | X\$ 9=              |                        | or | X\$18=                                  |                        |
|  | Independent + U                                |   | Minus            |                               |                  | = /              |            | X42=                |                        | OR | ×84 <u>-</u>                            | 86                     |
| ш  | FIRST PRESE                                    | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                  |                               |                  |                  |            | +140=               |                        | OR | +280=                                   |                        |
|  |  |   |                  |                               |                  |                  | _          | TOTAL<br>DDIT. FEE  |                        | OR | TOTAL<br>ADDIT, FEE                     | 86                     |
|  |  | (Column 1)                                    |                  | (Colur                        | nn 2)            | (Column 3)       | _ ^        |                     |                        |    |   |                        |
| AMENDMENT B  | andre symptomic s                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY     | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                            |                  | =                |            | X\$ 9=              |                        | OR | X\$18=                                  |                        |
|  | Independent                                    | *   | Minus            | ***                           |                  | =                |            | X42=                |                        | OR | X84=                                    |                        |
| L  | FIRST PRESE                                    | NTATION OF MI                                 | JETIPLE DEP      | ENDEN                         | CLAIIVI          |                  | <b>ا</b> ا | +140=               |                        | OR | +280=                                   |                        |
|  | •  |   |                  |                               |                  |                  |            | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE                     |                        |
|  |  | (Column 1)                                    |                  | (Colu                         | mn 2)            | (Column 3)       |            |                     |                        |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                  |                               |                  | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                            |                  | =                |            | X\$ 9=              |                        | OR | X\$18=                                  |                        |
|  | Independent                                    | <u> </u> *                                    | Minus            | ***                           | <del>: -:-</del> | <u> </u> =       | <b>]</b> [ | X42=                |                        | OR | X84=                                    |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                  |                  |            | +140=               |                        | OR | +280=                                   |                        |
| *  | If th entry in colu                            | mn 1 is less than t                           | he entry in colu | ımn 2, writ                   | e "0" in co      | olumn 3.         | L          | TOTAL               |                        |    | TOTAL                                   |                        |
| ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                               |                  |                  |            |                     |                        |    |   |                        |